

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

NAHA HAMCHOU,

Plaintiff,

v.

Case No.

Hon.

Magistrate:

LUIS GARCIA and MARTINEZ PRODUCE  
& SEAFOOD, INC.,

Defendants.

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L. LOUIE ANDREOPOULOS (P45136)  
DAVID T. HILL (P48771)  
ANDREOPOULOS & HILL, PLLC  
Attorneys for Plaintiff  
28900 Woodward Avenue  
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[injuryattorneys@andhilllaw.com](mailto:injuryattorneys@andhilllaw.com)

TIMOTHY J. JORDAN (P46098)  
GARAN LUCOW MILLER, P.C.  
Attorneys for Defendants  
1155 Brewery Park Blvd., Ste. 200  
Detroit, MI 48207-2641  
(313) 446-5531/Fax: (313) 259-0450  
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**DEFENDANTS' NOTICE OF REMOVAL PURSUANT TO  
28 U.S.C. §1446(b)**

PLEASE TAKE NOTICE that Defendants LUIS GARCIA (“Garcia”) and MARTINEZ PRODUCE & SEAFOOD, INC. (“Martinez”) (collectively “Defendants”), by and through their counsel, hereby remove the matter entitled *Naha Hamchou v. Luis Garcia and Martinez Produce & Seaford, Inc.*, Case No: 21-191390-NO, currently pending in the Circuit Court for the County of Oakland, to the United States District Court for the Eastern District of Michigan. The bases for removal are set forth below.

## STATEMENT OF GROUNDS FOR REMOVAL

1. State Court Action. This is an action initially filed in the Circuit Court for the County of Oakland, State of Michigan on December 1, 2021, being number 21-191390-NO on the docket of said Court, asserting a claim against Defendants LUIS GARCIA and MARTINEZ PRODUCE & SEAFOOD, INC., for negligence, owner's liability, negligent entrustment and Respondeat Superior. (Complaint, **Exhibit 1**)

2. This Notice of Removal is being filed within thirty (30) days after receiving notice of the complaint by service or otherwise as required by 28 U.S.C. §1446(b); service by mail (414 N. Orleans St., Chicago, IL 60654) on Defendant's Registered Agent (Kurt Kauffman) having occurred on December 29, 2021.

3. This Court has jurisdiction over this case based on diversity of citizenship pursuant to 28 U.S.C. §1332(a).

4. Citizenship of Parties. The Plaintiff, as alleged in Paragraph 1 of the Complaint is a resident of the United States, State of Michigan. (**Exhibit 1**) Defendant LUIS GARCIA is a resident of the United States, State of Illinois (UD-10, **Exhibit 2**). Defendant MARTINEZ PRODUCE & SEAFOOD, INC. is an Illinois corporation (Corporate document, **Exhibit 3**). For the purpose of this removal, Plaintiff is a citizen of the State of Michigan and all Defendants are citizens of the State of Illinois; therefore, there exists diversity of citizenship between the Plaintiff and Defendants and this Court has jurisdiction pursuant to 28 U.S.C. §1332.

5. Amount in Controversy. Plaintiff generally alleges that the amount on controversy exceeds \$25,000.00 as required to establish state circuit court jurisdiction. Defendants further state that, pursuant to Fed. R. Civ. P. 81 and L.R. 81.1, the amount in controversy based on the damages alleged exceeds \$75,000.00 (exclusive of fees, costs and interest), the jurisdictional amount required under diversity actions.

In support of Defendants' good faith belief that Plaintiff values this matter in an amount greater than \$75,000.00, Defendants direct this Court to the damages alleged by Plaintiff which include "serious and disabling injuries to her skeletal system, nervous system, and the muscles, tendons, ligaments, nerves and tissues of her legs, feet, knees, and other parts of her body, as well as other serious and disabling injuries, including injuries requiring surgical intervention . . ." (**Exhibit 1**, ¶12) Further, it is alleged that "Plaintiff suffered, continues to suffer and will continue to suffer great pain, discomfort, embarrassment, humiliation, mental anguish, depression, gross anxiety, indignity, and inconvenience." (**Exhibit 1**, ¶13) And finally, according to Plaintiff's complaint "due to the permanent nature of said injuries, Plaintiff has suffered lost wages, has become disabled, and has suffered a diminishment of his potential earning capacities and excess wage loss." (**Exhibit 1**, ¶14) As further evidence of Defendants' good faith belief that Plaintiff seeks damages in excess of \$75,000.00. Upon information and belief Plaintiff has already incurred in excess of \$70,000.00 in Personal Injury Protection ("PIP") benefits

through her personal carrier, Liberty Mutual Insurance.

State Court Documents Attached. A Summons and Complaint were served upon the Defendants LUIS GARCIA and MARTINEZ PRODUCE & SEAFOOD, INC. on December 29, 2021 via certified mail to Martinez Produce & Seafood, Inc.'s Registered Agent, Kurt Kauffman at 414 N. Orleans St., Chicago, IL 60654. Removal is timely under 28 U.S.C. §1446(b). Defendants have not appeared in the Circuit Court for the County of Oakland, State of Michigan. Attached hereto is a copy of the Summons and Complaint as they were served upon the Defendant Defendants LUIS GARCIA and MARTINEZ PRODUCE & SEAFOOD, INC., via certified mail.

7. The Other Removal Prerequisites Have Been Satisfied.

Defendants have consented to this removal.

No Defendants in this action have sought similar relief with respect to this matter.

The prerequisites for removal under 28 U.S.C. §1441 have been met.

The allegations of this notice are true and correct and this cause is within the jurisdiction of the United States District Court for the Eastern District of Michigan.

8. Relief Requested. Defendants LUIS GARCIA and MARTINEZ PRODUCE & SEAFOOD, INC., being defended by GARAN LUCOW MILLER, P.C., consent and respectfully request the United States District Court for the Eastern District of Michigan accept this Notice of Removal and that it assume jurisdiction

of this cause and issue such further orders and processes that may be necessary to bring before it all parties necessary for the trial hereof.

GARAN LUCOW MILLER, P.C.

/s/Timothy J. Jordan

TIMOTHY J. JORDAN (P46098)

Attorneys for Defendants

1155 Brewery Park Blvd., Ste. 200

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P46098

Dated: January 19, 2022

#4942950

# **EXHIBIT 1**

Approved, SCAO

Original - Court  
1st copy - Defendant2nd copy - Plaintiff  
3rd copy - Return

|                                                                                                     |                |                                   |
|-----------------------------------------------------------------------------------------------------|----------------|-----------------------------------|
| <b>STATE OF MICHIGAN</b><br>JUDICIAL DISTRICT<br>Oakland, 6th<br>JUDICIAL CIRCUIT<br>COUNTY PROBATE | <b>SUMMONS</b> | <b>CASE NO.</b><br>2021-191390-NI |
|-----------------------------------------------------------------------------------------------------|----------------|-----------------------------------|

Court address  
1200 N. Telegraph Road, Pontiac, MI 48340

Court telephone no.  
248-858-0344

Plaintiff's name(s), address(es), and telephone no(s).  
NAHA HAMCHOU

v

Defendant's name(s), address(es), and telephone no(s).  
MARTINEZ PRODUCE & SEAFOOD, INC.  
Kurt A. Kauffman, Resident Agent  
414 N. Orleans St, Ste. 210  
Chicago, IL 60654

Plaintiff's attorney, bar no., address, and telephone no.  
L. LOUIE ANDREPOULOS (P45136)  
DAVID T. HILL (P48771)  
Andreopoulos & Hill, PLLC  
28900 Woodward Avenue, Royal Oak, MI 48067  
(248) 399-9991

This case has been designated as an  
eFiling case, for more information  
please visit  
[www.oakgov.com/efiling](http://www.oakgov.com/efiling).

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

**Domestic Relations Case**

- ☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- ☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
- ☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

**Civil Case**

- ☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
- ☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
- ☒ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
- ☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has

been previously filed in ☐ this court, ☐ \_\_\_\_\_ Court, where

it was given case number \_\_\_\_\_ and assigned to Judge \_\_\_\_\_.

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

**SUMMONS**

**NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to file a written answer with the court and serve a copy on the other party or take other lawful action with the court (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

|                         |                              |                           |
|-------------------------|------------------------------|---------------------------|
| Issue date<br>12/2/2021 | Expiration date*<br>3/2/2022 | Court clerk<br>Lisa Brown |
|-------------------------|------------------------------|---------------------------|

\*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

MC 01 (9/10) **SUMMONS**

MCR 1.109(D), MCR 2.102(B), MCR 2.103, MCR 2.104, MCR 2.105

FILED Received for Filing Oakland County Clerk 12/2/2021 2:03 PM

This case has been designated as an e-filing case, for more information  
please visit [www.oakgov.com/efiling](http://www.oakgov.com/efiling).

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

NAHA HAMCHOU,

2021-191390-NI

Plaintiff,

JUDGE KWAME' L. ROWE

Case No. 21- \_\_\_\_\_ -NI

vs.

HON. \_\_\_\_\_

LUIS GARCIA and MARTINEZ PRODUCE &  
SEAFOOD, INC.,

Defendants.

L. LOUIE ANDREOPOULOS (P45136)  
DAVID T. HILL (P48771)  
ANDREOPOULOS & HILL, PLLC  
Attorneys for Plaintiff  
28900 Woodward Avenue  
Royal Oak, MI 48067  
248-399-9991; Fax 248-399-9996  
[injuryattorneys@andhilllaw.com](mailto:injuryattorneys@andhilllaw.com)

There is NO prior pending or resolved civil action arising out of the same  
transaction or occurrence as alleged in this Complaint.

ANDREOPOULOS & HILL, PLLC

*/s/ L. Louie Andreopoulos*

DAVID T. HILL (P48771)

L. LOUIE ANDREOPOULOS (P45136)

**COMPLAINT AND DEMAND FOR JURY TRIAL**

NOW COMES the Plaintiff, NAHA HAMCHOU, by and through her attorneys,  
ANDREOPOULOS & HILL, PLLC, and in support of her Complaint against Defendants, jointly and  
severally, shows unto this Honorable Court as follows:

**GENERAL ALLEGATIONS**

1. That the Plaintiff was, at all relevant times hereto, a resident of the County of Oakland,  
State of Michigan.



2. That the Defendant LUIS GARCIA, is a resident of the City of Chicago, State of Illinois, his address being 4852 W. Argyle, Chicago, Illinois 60630.

3. That the Defendant, MARTINEZ PRODUCE & SEAFOOD, INC., is a company licensed to do business in the State of Illinois and, at all times relevant hereto, was conducting business in the County of Oakland, State of Michigan.

4. That as a direct and proximate result of the aforesaid negligence and breaches of duties of the Defendants, Plaintiff was made to suffer serious and disabling injuries to her skeletal system, nervous system, and the muscles, tendons, ligaments, nerves, and tissues of her legs, feet, knees, and other parts of her body, as well as other serious and disabling injuries, including injuries requiring surgical intervention, the nature and extent of which are not fully known at this time.

5. That this case involves a motor vehicle accident, which occurred in the County of Oakland, State of Michigan, on December 3, 2018.

6. That on or about December 3, 2018, upon information and belief, the Defendant, LUIS GARCIA, was the operator of a 2016 Freightliner bearing VIN: 3ALACWDT96DHC9427 and Illinois plate no. 142300H, and that Defendant, MARTINEZ PRODUCE & SEAFOOD, INC., was the titled owner of said vehicle.

**COUNT 1: Negligence by Defendant, LUIS GARCIA**

7. Plaintiff herein re-incorporates by reference and re-alleges the preceding paragraphs of the General Allegations of this Complaint with the same force and effect as if same were set forth in full hereunder, and further states:

8. That on or about December 3, 2018, Plaintiff was operating a motor vehicle traveling westbound on Oakpark Boulevard at Roanoke in the City of Oak Park when Defendant, LUIS GARCIA, while operating Defendant, MARTINEZ PRODUCE & SEAFOOD, INC.'s, vehicle, who was traveling southbound on Roanoke when Defendant, LUIS GARCIA, failed to stop pursuant to a

stop sign and in disregard of Plaintiff's right of way, striking Plaintiff's vehicle with great force and impact causing the Plaintiff to sustain serious and disabling injuries to be more fully set forth below.

9. That at all times relevant and material hereto, it was the duty of the Defendant, LUIS GARCIA, to operate his vehicle in a safe and reasonable manner and exercise such due care in such vehicle's operation as the rules of common law require and in accordance with the laws of the State of Michigan and all subdivisions thereof having jurisdiction.

10. That, contrary to the duties set forth herein, the Defendant, LUIS GARCIA, was negligent, careless, reckless, and guilty of willful and wanton disregard of the lives and safety of individuals such as Plaintiff in the operation of the aforesaid motor vehicles by Defendants and breached the aforesaid duties owed to Plaintiff including, by way of illustration and not limitation:

- A. Operating said vehicle in reckless disregard for other users on the road, including, among others, failure to heed traffic control devices, failure to maintain proper lookout for other users on the road, and failure to yield, in violation of MCLA 257.627, et seq.
- B. Disobeying the instructions of a traffic control device, in violation of MVC 257.611.
- C. Failing to operate Defendant's vehicle at a speed, which was reasonable and proper, and within consideration for the then-existing conditions.
- D. Failing to operate Defendant's vehicle in a reasonably careful and prudent manner and/or failing to observe the presence of other users of the road.
- E. Driving Defendant's vehicle carelessly and heedlessly in willful disregard of the safety of others, without due caution and circumspection, so as to endanger persons and property.
- F. Failing to make reasonable and proper observations and draw reasonable and proper conclusions, which were necessary at the time so as to avoid striking other vehicles.
- G. Failing to stop in the assured clear distance ahead.
- H. Improper lane usage.
- I. Committing other acts and/or omissions, which constitute breaches of duties owed Plaintiff with respect to the operation of a motor vehicle, which Plaintiff reserves the right to add at a later date.

11. That in the happening of the aforesaid accident, Plaintiff was not negligent, but was at all times conducting herself in reasonable and prudent manner.

12. That as a direct and proximate result of the aforesaid negligence and breaches of duties of the Defendants, Plaintiff was made to suffer serious and disabling injuries to her skeletal system, nervous system, and the muscles, tendons, ligaments, nerves, and tissues of her legs, feet, knees, and other parts of her body, as well as other serious and disabling injuries, including injuries requiring surgical intervention, the nature and extent of which are not fully known at this time.

13. That as a result of the aforesaid accident, the Plaintiff suffered, continues to suffer, and will continue to suffer great pain, discomfort, embarrassment, humiliation, mental anguish, depression, gross anxiety, indignity, and inconvenience.

14. That due to the permanent nature of said injuries, Plaintiff has suffered lost wages, has become disabled, and has suffered a diminishment of his potential earning capacities and excess wage loss.

15. That prior to the accident, Plaintiff was in reasonably good health and was able to and did participate in and enjoy the usual activities of life, but since said accident, Plaintiff has been under medical care and in a state of pain, stress, and/or discomfort, all preventing her from engaging in many of those activities she engaged in prior to the accident.

16. That as a direct and proximate result of the aforesaid breaches of duties and the negligence of the Defendant, the Defendant's vehicle collided with great force and impact, causing Plaintiff to suffer severe, serious, painful, permanent, and disabling injuries, and the Plaintiff has suffered serious impairments of important body function(s) and/or permanent and serious disfigurements.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court grant judgment against the Defendants, jointly and severally, for whatever amount in excess of Twenty-Five Thousand and

00/100 (\$25,000.00) Dollars to which Plaintiff is found to be entitled, together with interest, costs, and attorney fees.

**COUNT II: Owner's Liability – MARTINEZ PRODUCE & SEAFOOD, INC.**

17. Plaintiff herein re-incorporates by reference and re-alleges the preceding paragraphs of this Complaint with the same force and effect as if same were set forth in full hereunder, and further states:

18. That on or about December 3, 2018, Defendant, MARTINEZ PRODUCE & SEAFOOD, INC., was the owner of said vehicle being operated by Defendant, LUIS GARCIA.

19. That on or about December 3, 2018, Defendant Owner, MARTINEZ PRODUCE & SEAFOOD, INC., knew or should have known that Defendant Driver, LUIS GARCIA, was operating said motor vehicle.

20. That Defendant, MARTINEZ PRODUCE & SEAFOOD, INC., as the owner of said vehicle, is liable for any and all damages caused by the negligent operation of said motor vehicle pursuant to MCLA 257.401.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court grant judgment against the Defendants, jointly and severally, for whatever amount in excess of Twenty-Five Thousand and 00/100 (\$25,000.00) Dollars to which Plaintiff is found to be entitled, together with interest, costs, and attorney fees.

**COUNT III: Negligent Entrustment – MARTINEZ PRODUCE & SEAFOOD, INC.**

21. Plaintiff herein re-incorporates by reference and re-alleges the preceding paragraphs of this Complaint with the same force and effect as if same were set forth in full hereunder, and further states:

22. That on or about December 3, 2018, Defendant Owner, MARTINEZ PRODUCE & SEAFOOD, INC., entrusted said vehicle, a potentially dangerous instrumentality, to the Defendant, LUIS GARCIA, whom Defendant, MARTINEZ PRODUCE & SEAFOOD, INC., knew, or should

have known, was not a reasonably prudent driver and who may endanger others with said instrumentality.

23. That Defendant, MARTINEZ PRODUCE & SEAFOOD, INC., is liable for any and all damages caused by the negligence of Defendant, LUIS GARCIA, with respect to said vehicle.

WHEREFORE, Plaintiff respectfully request that this Honorable Court grant judgment against the Defendants, jointly and severally, for whatever amount in excess of Twenty-Five Thousand and 00/100 (\$25,000.00) Dollars to which Plaintiff is found to be entitled, together with interest, costs, and attorney fees.

**COUNT IV: Respondent Superior**

24. Plaintiff herein re-incorporates by reference and re-alleges the preceding of this Complaint with the same force and effect as if same were set forth in full hereunder, and further states:

25. That on or about December 3, 2018, Defendant Owner, MARTINEZ PRODUCE & SEAFOOD, INC., was the owner of said vehicle operated by Defendant, LUIS GARCIA.

26. That on or about December 3, 2018, Defendant LUIS GARCIA was the employee, servant, and agent of said Defendant Owner, MARTINEZ PRODUCE & SEAFOOD, INC.

27. That Defendant, LUIS GARCIA, was operating said motor vehicle with the express and/or implied consent of Defendant Owner, MARTINEZ PRODUCE & SEAFOOD, INC.

28. That on or about December 3, 2018, Defendant Owner, MARTINEZ PRODUCE & SEAFOOD, INC., knew or should have known that the Defendant Owner's employee, LUIS GARCIA, was operating said motor vehicle.

29. That Defendant LUIS GARCIA was operating said motor vehicle during the course of employment for Defendant Owner, MARTINEZ PRODUCE & SEAFOOD, INC., and during the course of his regular duties a driver for said Defendant Owner.

30. That Defendant Owner, J MARTINEZ PRODUCE & SEAFOOD, INC., is liable for the negligent operation of their vehicle by said servant, employee and agent, pursuant to the Doctrine of Respondeat Superior.

WHEREFORE, Plaintiff herein prays that this Honorable Court grant judgment in favor of Plaintiff and against the Defendants in an amount this Honorable Court deems Plaintiff is entitled for compensatory damages, including Plaintiff's damages incurred after the filing of this Complaint, and further grant Plaintiff injunctive relief requiring Defendants to pay for those expenses incurred by Plaintiff or requiring authorization from Defendants during the pendency of this action, and in addition thereto, interest, costs, penalties and Plaintiff's actual attorney fees as provided by statute.

Respectfully submitted,

**ANDREOPOULOS & HILL, PLLC**

/s/ L. Louie Andreopoulos

DATED: December 1, 2021

DAVID T. HILL (P48771)  
L. LOUIE ANDREOPOULOS (P45136)  
Attorney for Plaintiff  
28900 Woodward Avenue  
Royal Oak, MI 48067  
(248) 399-9991

This case has been designated as an e-filing case, for more information  
please visit [www.oakgov.com/efiling](http://www.oakgov.com/efiling).

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

NAHA HAMCHOU,

2021-191390-NI

JUDGE KWAME' L. ROWE

Plaintiff,

Case No. 21-\_\_\_\_\_-NI

vs.

HON. \_\_\_\_\_

LUIS GARCIA and MARTINEZ PRODUCE &  
SEAFOOD, INC.,

Defendants.

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DAVID T. HILL (P48771)  
ANDREOPOULOS & HILL, PLLC  
Attorneys for Plaintiff  
28900 Woodward Avenue  
Royal Oak, MI 48067  
248-399-9991; Fax 248-399-9996  
[injuryattorneys@andhilllaw.com](mailto:injuryattorneys@andhilllaw.com)

**DEMAND FOR JURY TRIAL**

Plaintiff, NAHA HAMCHOU, by and through her attorneys, ANDREOPOULOS & HILL, PLLC,  
hereby demands a trial by jury in the above-entitled action.

Respectfully submitted,

ANDREOPOULOS & HILL, PLLC

/s/ L. Louie Andreopoulos

DATED: December 1, 2021

L. LOUIE ANDREOPOULOS (P45136)  
DAVID T. HILL (P48771)  
Attorney for Plaintiff  
28900 Woodward Avenue  
Royal Oak, MI 48067  
(248) 399-9991

Law Offices of Andreopoulos & Hill, PLLC  
28900 Woodward Avenue  
Royal Oak, MI 48067  
(248) 399-9991; Fax 248-399-9996

# **EXHIBIT 2**



Authority: 1949 PA 300, Sec.257-622  
 Compliance: Required MSP UD-10E  
 Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0951242  
 Crash ID 1575524

Page 01 of 01  
 File Class 3145

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

|                                   |  |                                               |                    |                                    |  |                                                                                                                                                                                                                                                  |  |
|-----------------------------------|--|-----------------------------------------------|--------------------|------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ORI<br>MI 6362800                 |  | Department Name<br>Oak Park Police Department |                    |                                    |  | Incident #<br>180013685                                                                                                                                                                                                                          |  |
| Crash Date<br>12/03/2018          |  | Crash Time<br>18:13                           | No. of Units<br>02 | Crash Type<br>Angle                |  | Special Circumstances<br><input checked="" type="radio"/> None<br><input type="radio"/> Fleeing Police<br><input type="radio"/> Hit and Run<br><input type="radio"/> Unknown<br><input type="radio"/> School Bus<br><input type="radio"/> Animal |  |
| County<br>63 - Oakland            |  | Traffic Control<br>Stop Sign                  |                    | Relation to Roadway<br>On the Road |  | Weather<br>Clear                                                                                                                                                                                                                                 |  |
| City/Twp<br>83 - Oak Park         |  | Contributing Circumstances<br>1st<br>None     |                    | 2nd                                |  | Road Surface Condition<br>Dry                                                                                                                                                                                                                    |  |
| Work Zone (if applicable)<br>Type |  | Workers Present                               |                    | Activity                           |  | Location                                                                                                                                                                                                                                         |  |

|          |                                  |  |                                         |  |           |  |        |  |                 |  |
|----------|----------------------------------|--|-----------------------------------------|--|-----------|--|--------|--|-----------------|--|
| LOCATION | Prefix                           |  | Primary Road Name<br>ROANOKE            |  | Road Type |  | Suffix |  | Divided Roadway |  |
|          | Distance / Direction<br>5 Feet N |  | Trafficway<br>Not Physically Divided    |  |           |  |        |  |                 |  |
|          | Prefix                           |  | Intersecting Road Name<br>OAK PARK BLVD |  | Road Type |  | Suffix |  | Divided Roadway |  |

|                                                                                                                        |                                                             |                                                                                        |                                                                                                                                                                                                                                               |                                  |                                        |                                                                     |                                                                                                                             |                                                                                   |                                                                                                               |                                    |          |                       |                                     |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|----------|-----------------------|-------------------------------------|
| UNIT / DRIVER                                                                                                          | Unit Number<br>01                                           | Unit Known<br>Yes                                                                      | State Driver License Number<br>IL P62652189319                                                                                                                                                                                                |                                  | Date of Birth (Age)<br>11/09/1989 (29) |                                                                     | License Type<br><input checked="" type="radio"/> Operator<br><input type="radio"/> Chauffeur<br><input type="radio"/> Moped |                                                                                   | Endorsements<br><input type="radio"/> Cycle<br><input type="radio"/> Farm<br><input type="radio"/> Recreation |                                    | Sex<br>M | Total Occupants<br>01 | Hazardous Action<br>Failed to Yield |
|                                                                                                                        | Unit Type<br>MV                                             | Driver Information<br>LUIS GARCIA<br>4852 W ARGYLE<br>CHICAGO, IL 60630 (773) 682-7300 |                                                                                                                                                                                                                                               |                                  |                                        | Driver is Owner<br>No                                               | Injury<br>O                                                                                                                 | Position<br>Front - Left                                                          |                                                                                                               | Restraint<br>Shoulder and Lap Belt |          |                       |                                     |
|                                                                                                                        | Driver Condition at Time of Crash<br>1st<br>Appeared Normal |                                                                                        |                                                                                                                                                                                                                                               |                                  | 2nd                                    |                                                                     |                                                                                                                             |                                                                                   | Driver Distracted By<br>Not Distracted                                                                        |                                    | Ejected  | Trapped               | Airbag Deployed<br>Not Deployed     |
|                                                                                                                        | Hospital<br>NONE                                            |                                                                                        |                                                                                                                                                                                                                                               |                                  | Ambulance<br>NONE                      |                                                                     |                                                                                                                             |                                                                                   |                                                                                                               |                                    |          |                       |                                     |
|                                                                                                                        | Alcohol Suspected<br>No                                     | Contributing Factor<br>No                                                              | Alcohol Test Type<br><input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine<br><input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered |                                  |                                        | Alcohol Test Results<br><input type="radio"/> Pending Test Results: |                                                                                                                             | Interlock Device<br>No                                                            |                                                                                                               |                                    |          |                       |                                     |
|                                                                                                                        | Drug Suspected<br>No                                        | Contributing Factor<br>No                                                              | Drug Test Type<br><input type="radio"/> Blood <input type="radio"/> Urine<br><input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered                                                           |                                  |                                        | Drug Test Results<br><input type="radio"/> Pending Test Results:    |                                                                                                                             | Citation Issued<br><input type="radio"/> Hazardous<br><input type="radio"/> Other |                                                                                                               |                                    |          |                       |                                     |
|                                                                                                                        | Vehicle Registration<br>142300H                             |                                                                                        | State<br>IL                                                                                                                                                                                                                                   | Vehicle Description<br>2016      |                                        | Make<br>FREIGHTLINER                                                |                                                                                                                             | Model                                                                             |                                                                                                               | Color                              |          |                       |                                     |
|                                                                                                                        | VIN<br>3ALACWDT96DHC9427                                    |                                                                                        | Vehicle Type<br>Truck / Bus                                                                                                                                                                                                                   |                                  | Special Vehicles<br>Not Applicable     |                                                                     | Private Trailer Type                                                                                                        |                                                                                   | Vehicle Defect                                                                                                |                                    |          |                       |                                     |
|                                                                                                                        | Automation System(s) in Vehicle                             |                                                                                        | Automation System Level in Vehicle                                                                                                                                                                                                            |                                  |                                        |                                                                     | Automation System Level Engaged at Time of Crash                                                                            |                                                                                   |                                                                                                               |                                    |          |                       |                                     |
|                                                                                                                        | Insurance Company<br>GENERAL                                |                                                                                        |                                                                                                                                                                                                                                               | Insurance Policy #<br>CBA1308466 |                                        |                                                                     | Towed By                                                                                                                    |                                                                                   |                                                                                                               | Towed To                           |          |                       |                                     |
| Location of Greatest Damage<br>07                                                                                      |                                                             | First Impact<br>07                                                                     | Extent of Damage (Power Unit and/or Trailers)<br>Minor Damage                                                                                                                                                                                 |                                  | Vehicle Direction<br>S                 |                                                                     | Vehicle Use<br>Private                                                                                                      |                                                                                   | Action Prior<br>Going Straight Ahead                                                                          |                                    |          |                       |                                     |
| Sequence of Events<br><input checked="" type="radio"/> 17 - Motor Veh in Transport<br>(● indicates MOST harmful event) |                                                             |                                                                                        |                                                                                                                                                                                                                                               |                                  |                                        |                                                                     |                                                                                                                             |                                                                                   |                                                                                                               |                                    |          |                       |                                     |

|            |                       |  |  |  |                     |         |         |                 |  |           |  |  |
|------------|-----------------------|--|--|--|---------------------|---------|---------|-----------------|--|-----------|--|--|
| PASSENGERS | Passenger Information |  |  |  | Date of Birth (Age) |         | Sex     | Position        |  | Restraint |  |  |
|            |                       |  |  |  | Injury              | Ejected | Trapped | Airbag Deployed |  |           |  |  |
|            | Hospital              |  |  |  | Ambulance           |         |         |                 |  |           |  |  |
|            | Passenger Information |  |  |  | Date of Birth (Age) |         | Sex     | Position        |  | Restraint |  |  |
|            |                       |  |  |  | Injury              | Ejected | Trapped | Airbag Deployed |  |           |  |  |
|            | Hospital              |  |  |  | Ambulance           |         |         |                 |  |           |  |  |

|           |                                                                                                                                                             |  |                                               |  |                                                                                                                                                                    |  |                                                                                    |                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| TRUCK/BUS | Carrier Information<br>MARTINEZ SEAFOOD/PRODUCE<br>1822 WEEG<br>PARK RIDGE, IL 60068                                                                        |  |                                               |  | USDOT<br>000001762933                                                                                                                                              |  | MC                                                                                 | MPSC                                                                                  |
|           | Driver's CDL Type<br>None                                                                                                                                   |  |                                               |  | Endorsements<br><input type="radio"/> H <input type="radio"/> P <input type="radio"/> T<br><input type="radio"/> N <input type="radio"/> S <input type="radio"/> X |  | CDL Exempt<br><input type="radio"/> Farm<br><input checked="" type="radio"/> Other |                                                                                       |
|           | GVWR/GCWR<br><input type="radio"/> 10,000 lbs. or Less <input checked="" type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs. |  | Vehicle Configuration<br>Single-Unit 3+ Axles |  | Cargo Body Type<br>1                                                                                                                                               |  | Medical Card<br>No                                                                 | Hazardous Material<br><input type="radio"/> Placard <input type="radio"/> Cargo Spill |
|           |                                                                                                                                                             |  |                                               |  |                                                                                                                                                                    |  | ID #                                                                               | Class #                                                                               |

|        |                   |  |                   |               |
|--------|-------------------|--|-------------------|---------------|
| OWNERS | Owner Information |  | Owner Information |               |
|        |                   |  |                   |               |
|        | Damaged Property  |  | Public            | Owner & Phone |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               |                                                                                                                                                                                                                                               |                 |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------|------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------|-----------------------|--------------|---------|-------|--------------|----------|----------------------|--|
| UNIT / DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Unit Number                                                                     | 02  | Unit Known                                                                                      | Yes                                                                                                                                 | State               | MI                                                           | Driver License Number              | H520622008406                                 | Date of Birth (Age)                                                                                                                                                                                                                           | 05/30/1970 (48) | License Type       | <input checked="" type="radio"/> Operator<br><input type="radio"/> Chauffeur<br><input type="radio"/> Moped | Endorsements                                              | <input type="radio"/> Cycle<br><input type="radio"/> Farm<br><input type="radio"/> Recreation | Sex                                              | F                             | Total Occupants                                                                   | 01                                                              | Hazardous Action | None                  |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Unit Type                                                                       | MV  | Driver Information<br>NAHA HAMCHOU<br>23450 ONEIDA ST<br>OAK PARK, MI 48237-2242 (248) 836-7575 |                                                                                                                                     |                     |                                                              |                                    |                                               |                                                                                                                                                                                                                                               | Driver is Owner | No                 | Injury                                                                                                      | C                                                         | Position                                                                                      |                                                  | Front - Left                  |                                                                                   | Restraint                                                       |                  | Shoulder and Lap Belt |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Driver Condition at Time of Crash<br>1st<br>Appeared Normal                     |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | 2nd                                                                                                                                                                                                                                           |                 |                    |                                                                                                             | Driver Distracted By                                      |                                                                                               | Not Distracted                                   |                               | Ejected                                                                           | Trapped                                                         | Airbag Deployed  |                       | Not Deployed |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hospital<br>MCLAREN OAKLAND                                                     |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Ambulance<br>HURON VALLEY AMBULANCE INC                                                                                                                                                                                                       |                 |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Alcohol Suspected                                                               |     | No                                                                                              |                                                                                                                                     | Contributing Factor |                                                              | No                                 |                                               | Alcohol Test Type<br><input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine<br><input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered |                 |                    |                                                                                                             | Alcohol Test Results                                      |                                                                                               | <input type="radio"/> Pending      Test Results: |                               | Interlock Device                                                                  |                                                                 |                  |                       | No           |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Drug Suspected                                                                  |     | No                                                                                              |                                                                                                                                     | Contributing Factor |                                                              | No                                 |                                               | Drug Test Type<br><input type="radio"/> Blood <input type="radio"/> Urine<br><input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered                                                           |                 |                    |                                                                                                             | Drug Test Results                                         |                                                                                               | <input type="radio"/> Pending      Test Results: |                               | Citation Issued<br><input type="radio"/> Hazardous<br><input type="radio"/> Other |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Vehicle Registration                                                            |     |                                                                                                 | DMW4325                                                                                                                             |                     |                                                              | State                              | MI                                            | Vehicle Description                                                                                                                                                                                                                           |                 | Year               |                                                                                                             | 2008                                                      |                                                                                               | Make                                             |                               | FORD                                                                              |                                                                 | Model            |                       | FOCUS        |         | Color | SILVER       |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VIN                                                                             |     |                                                                                                 | 1FAHP35N78W267655                                                                                                                   |                     |                                                              | Vehicle Type                       |                                               | Passenger Car, SUV, Van                                                                                                                                                                                                                       |                 | Special Vehicles   |                                                                                                             | Not Applicable                                            |                                                                                               | Private Trailer Type                             |                               |                                                                                   |                                                                 | Vehicle Defect   |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Automation System(s) in Vehicle                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              | Automation System Level in Vehicle |                                               |                                                                                                                                                                                                                                               |                 |                    |                                                                                                             | Automation System Level Engaged at Time of Crash          |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Insurance Company                                                               |     |                                                                                                 |                                                                                                                                     |                     | ALL STATE                                                    |                                    |                                               |                                                                                                                                                                                                                                               |                 | Insurance Policy # |                                                                                                             |                                                           |                                                                                               |                                                  | ADS24B1247967087              |                                                                                   |                                                                 |                  |                       | Towed By     |         |       |              | Towed To |                      |  |
| Location of Greatest Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 | 01  |                                                                                                 | First Impact                                                                                                                        |                     | 01                                                           |                                    | Extent of Damage (Power Unit and/or Trailers) |                                                                                                                                                                                                                                               |                 |                    | Minor Damage                                                                                                |                                                           |                                                                                               |                                                  | Vehicle Direction             |                                                                                   | W                                                               |                  | Vehicle Use           |              | Private |       | Action Prior |          | Going Straight Ahead |  |
| Sequence of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |     |                                                                                                 | First                                                                                                                               |                     | <input checked="" type="radio"/> 17 - Motor Veh in Transport |                                    | Second                                        |                                                                                                                                                                                                                                               |                 |                    | Third                                                                                                       |                                                           |                                                                                               |                                                  | Fourth                        |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
| ● indicates MOST harmful event)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               |                                                                                                                                                                                                                                               |                 |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
| PASSENGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Passenger Information                                                           |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Date of Birth (Age)                                                                                                                                                                                                                           |                 | Sex                |                                                                                                             | Position                                                  |                                                                                               | Restraint                                        |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Injury                                                                                                                                                                                                                                        |                 | Ejected            |                                                                                                             | Trapped                                                   |                                                                                               | Airbag Deployed                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hospital                                                                        |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Ambulance                                                                                                                                                                                                                                     |                 |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Passenger Information                                                           |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Date of Birth (Age)                                                                                                                                                                                                                           |                 | Sex                |                                                                                                             | Position                                                  |                                                                                               | Restraint                                        |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Injury                                                                                                                                                                                                                                        |                 | Ejected            |                                                                                                             | Trapped                                                   |                                                                                               | Airbag Deployed                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hospital                                                                        |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Ambulance                                                                                                                                                                                                                                     |                 |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
| TRUCK / BUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Carrier Information                                                             |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | USDOT                                                                                                                                                                                                                                         |                 |                    |                                                                                                             | MC                                                        |                                                                                               | MPSC                                             |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Driver's CDL Type                                                                                                                                                                                                                             |                 |                    |                                                                                                             | Endorsements                                              |                                                                                               | CDL Exempt                                       |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T<br><input type="radio"/> N <input type="radio"/> S <input type="radio"/> X                                                                                            |                 |                    |                                                                                                             | <input type="radio"/> Farm<br><input type="radio"/> Other |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
| GVWR/GCWR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |     |                                                                                                 | <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs. |                     |                                                              |                                    | Vehicle Configuration                         |                                                                                                                                                                                                                                               |                 |                    | Cargo Body Type                                                                                             |                                                           | Medical Card                                                                                  |                                                  | Hazardous Material            |                                                                                   | <input type="radio"/> Placard <input type="radio"/> Cargo Spill |                  | ID #                  | Class #      |         |       |              |          |                      |  |
| OWNERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Owner Information<br>MOHAMED MOAYAD KAZKAZ<br>23450 ONEIDA ST<br>OAK PARK 48237 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Owner Information                                                                                                                                                                                                                             |                 |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Witness Information                                                             |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               | Witness Information                                                                                                                                                                                                                           |                 |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
| Investigated at Scene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | Yes |                                                                                                 | Reported Date (Time)                                                                                                                |                     | 12/03/2018 (18:13)                                           |                                    | 1st Investigator Name (Badge)                 |                                                                                                                                                                                                                                               |                 |                    | TURNER (1169)                                                                                               |                                                           |                                                                                               |                                                  | 2nd Investigator Name (Badge) |                                                                                   |                                                                 |                  |                       |              |         |       | Photos       |          | No                   |  |
| Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               |                                                                                                                                                                                                                                               | Diagram         |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |
| <p>I WAS DISPATCHED TO THE LISTED LOCATION FOR AN ACCIDENT. WNI SPOKE TO THE DRIVER OF VEHICLE 1 WHO STATED THAT HE WAS PROCEEDING THROUGH THE STOP SIGN AFTER STOPPING. HE STATED THAT VEHICLE 2 THEN HIT HIS VEHICLE. HE STATED THAT HE BELIEVED THE DRIVER WAS ON HER CELL PHONE. HE STATED THAT HE WENT TO CHECK ON HER AND SHE BEGAN YELLING AT HIM ABOUT PULLING OUT IN FRONT OF HIM. WNI SPOKE TO THE DRIVER OF VEHICLE 2. SHE STATED THAT SHE WAS TRAVELING W/B WHEN THE TRUCK PULLED OUT IN FRONT OF HER. SHE STATED THAT HER VEHICLE THEN STRUCK THE TRUCK. WHILE SPEAKING WITH THE DRIVER SHE DID COMPLAIN OF SOME STOMACH PAIN. THE DRIVER ASKED FOR MYSELF TO CALL HER HUSBAND SINCE SHE DIDN'T HAVE A PHONE. WHILE THE DRIVER WAS BEING TREATED BY HVA, I CONTACTED HER HUSBAND AT THE HOUSE.</p> |                                                                                 |     |                                                                                                 |                                                                                                                                     |                     |                                                              |                                    |                                               |                                                                                                                                                                                                                                               |                 |                    |                                                                                                             |                                                           |                                                                                               |                                                  |                               |                                                                                   |                                                                 |                  |                       |              |         |       |              |          |                      |  |

# **EXHIBIT 3**

cyberdriveillinois.com is now ilsos.gov



Office of the Secretary of State Jesse White  
ilsos.gov

# Corporation/LLC Search/Certificate of Good Standing

## Corporation File Detail Report

|             |                                  |
|-------------|----------------------------------|
| File Number | 64680129                         |
| Entity Name | MARTINEZ PRODUCE & SEAFOOD, INC. |
| Status      | ACTIVE                           |

|                                                          |
|----------------------------------------------------------|
| Entity Information                                       |
| Entity Type<br>CORPORATION                               |
| Type of Corp<br>DOMESTIC BCA                             |
| Incorporation Date (Domestic)<br>Friday, 3 February 2006 |
| State<br>ILLINOIS                                        |
| Duration Date<br>PERPETUAL                               |

|                   |
|-------------------|
| Agent Information |
| Name              |

KURT A KAUFFMAN

Address

414 N ORLEANS ST STE 210  
CHICAGO , IL 60654

Change Date

Friday, 12 April 2013

## Annual Report

Filing Date

00/00/0000

For Year

2022

## Officers

President

Name & Address

TEODORO MARTINEZ 340 N SACRAMENTO BLVD CHGO IL 60612

Secretary

Name & Address

JESUS MARTINEZ SAME

[Return to Search](#)

[File Annual Report](#)

[Adopting Assumed Name](#)

[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office](#)

(One Certificate per Transaction)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

NAHA HAMCHOU,

Plaintiff,

v.

LUIS GARCIA and MARTINEZ PRODUCE  
& SEAFOOD, INC.,

Defendants.

Case No.

Hon.

Magistrate:

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L. LOUIE ANDREOPOULOS (P45136)  
DAVID T. HILL (P48771)  
ANDREOPOULOS & HILL, PLLC  
Attorneys for Plaintiff  
28900 Woodward Avenue  
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(248) 399-9991/Fax: (248) 399-9996  
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TIMOTHY J. JORDAN (P46098)  
GARAN LUCOW MILLER, P.C.  
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1155 Brewery Park Blvd., Ste. 200  
Detroit, MI 48207-2641  
(313) 446-5531/Fax: (313) 259-0450  
[tjordan@garanlucow.com](mailto:tjordan@garanlucow.com)  
[lpowell@garanlucow.com](mailto:lpowell@garanlucow.com)

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**AFFIDAVIT**

STATE OF MICHIGAN )

)ss

COUNTY OF WAYNE )

TIMOTHY J. JORDAN, being first duly sworn, deposes and says, that he is associated with the law firm of GARAN LUCOW MILLER, P.C. and that he has been charged with the defense and representation of LUIS GARCIA and MARTINEZ PRODUCE & SEAFOOD, INC., Defendants herein; that in such capacity he has prepared the foregoing Notice for Removal of Civil Action to the United States District Court, Eastern District of Michigan, Southern Division, that

the matters set forth in said Notice are true except as to those matters stated herein to be upon information and belief as to which matters he is informed and believes same to be true.

Further deponent sayeth not.

/s/Timothy J. Jordan  
TIMOTHY J. JORDAN (P46098)

Subscribed and sworn to before me  
this 19<sup>th</sup> day of January 2021.

/s/Monica Parent  
Notary Public  
County of Wayne, State of Michigan  
Acting in Wayne County  
My Commission Expires: 06/28/2022

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

NAHA HAMCHOU,

Plaintiff,

v.

LUIS GARCIA and MARTINEZ PRODUCE  
& SEAFOOD, INC.,

Defendants.

Case No.

Hon.

Magistrate:

---

**PROOF OF SERVICE**

I hereby certify that on **January 19, 2022**, my assistant, Laura A. Powell, electronically filed the foregoing document with the United States District Court, Eastern District of Michigan, Southern Division using the ECF System which will send notification to all counsel of record and served the Wayne County Circuit Court Clerk using the MiFile System which will send notification of such filing to counsel of record.

GARAN LUCOW MILLER, P.C.

/s/Timothy J. Jordan

TIMOTHY J. JORDAN (P46098)

Attorneys for Defendants

1155 Brewery Park Blvd., Ste. 200

Detroit, MI 48207

(313) 446-5531

[tjordan@garanlucow.com](mailto:tjordan@garanlucow.com)/P46098



**STATE OF MICHIGAN  
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND**

NAHA HAMCHOU,

Plaintiff,

v.

LUIS GARCIA and MARTINEZ PRODUCE  
& SEAFOOD, INC.,

Defendants.

Case No. 21-191390-NI

Hon. Kwame' L. Rowe

---

L. LOUIE ANDREOPOULOS (P45136)  
DAVID T. HILL (P48771)  
ANDREOPOULOS & HILL, PLLC  
Attorneys for Plaintiff  
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Royal Oak, MI 48067  
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[injuryattorneys@andhilllaw.com](mailto:injuryattorneys@andhilllaw.com)

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[tjordan@garanlucow.com](mailto:tjordan@garanlucow.com)  
[lpowell@garanlucow.com](mailto:lpowell@garanlucow.com)

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**NOTICE OF FILING OF NOTICE OF REMOVAL  
PURSUANT TO 28 U.S.C. §1446(b)**

TO: Oakland County Clerk of the Court  
L. Louie Andreopoulos, Esq./David T. Hill, Esq.

PLEASE TAKE NOTICE that a Notice of Removal of the entitled action from the Oakland County Circuit Court, State of Michigan, to the United States District Court for the Eastern District of Michigan, a copy of which is attached hereto, was duly filed on January 19, 2022, in the United States District Court for the Eastern District of Michigan.

GARAN LUCOW MILLER, P.C.

/s/Timothy J. Jordan  
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Dated: January 19, 2022  
#4943332

**STATE OF MICHIGAN  
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND**

NAHA HAMCHOU,

Plaintiff,

v.

LUIS GARCIA and MARTINEZ PRODUCE  
& SEAFOOD, INC.,

Defendants.

Case No. 21-191390-NI

Hon. Kwame' L. Rowe

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**PROOF OF SERVICE**

I hereby certify that on **January 19, 2022**, my assistant, Laura Powell, electronically filed the foregoing document with the Clerk of the Court using the MiFile System which will send notification of such filing to counsel of record.

/s/ Timothy J. Jordan

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